Name Plates Order Form

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INFORMATION: Acct #:	,
PO #:	Consignee #
Company Name:	
Contact:	
Street:	
Ste/Rm #:	
City:	
State: Zip:	
Phone:	
Fax:	
PLEASE NOTE: Customized orders are not	Subject to change, cancellation or return
If the production instructions are not entered below, the d	efault values shown within the parentheses will be used.
PRODUCTION INSTRUCTIONS:	
Product Code:	Quantity:
Stamp Layout #: (Block Lettering) Stamp	amp Ink Color #: (Black)
Nameplate Type Style #: (Block Lettering)	Nameplate Color #: (Black w/White Lettering)
Embosser Layout #: Emboss from: Top	
	Ink Color: (Black)
	[(Fill Stamp)
UPPER/lower Case Right & Left Justify	Shrink to Fit No Bold Remover Border
	tyle and Size Of Imprint Stamped Below**
TEXT/IMPRINT: (Attach additional pages if needed.)	
PECIAL INSTRUCTIONS: (**Due to probable size distortion of faxed copies, if the royide the dimensions of the lettering or of the overall imprint before the imprin " $H \times 1 \& \%$ "W.)	e manufacturer needs to match an imprint that's stamped above, please t was faxed. Examples: "Letters must be ¾" tall" or "Imprint should be